F 000  INITIAL COMMENTS

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).

No deficiencies were cited as a result of the complaint investigation Event ID #FCCQ11.
K 056
NFPA 101 LIFE SAFETY CODE STANDARD

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: the accelerator line to the dry side of the sprinkler riser has a valve that when closed will affect the operation of the system is not equipped with an electronically supervised tamper alarm.

42 CFR 483.70(a)

Carolina Rivers Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The plan of correction is submitted as written allegation of compliance. Carolina Rivers Nursing and Rehabilitation Center's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies and the Plan of Correction nor does it constitute an admission that any deficiency is accurate. Further, Carolina Rivers Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding.
**K029**

**NFPA 101 LIFE SAFETY CODE STANDARD**

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:

Surveyor: 27871

Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: door to Medical Records is not self closing (room is filled with boxes, files and paper products).

**K038**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

This STANDARD is not met as evidenced by:

Surveyor: 27871

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**K056**

a. The accelerator line to the dry side of the sprinkler riser has been equipped with an electronically supervised tamper alarm as of 07/29/2011 by Advanced Fire Designs.

b. The sprinkler system has been inspected by Advanced Fire Designs as of 07/29/2011, no other issues were identified.

c. Maintenance staff will be retrained by the administrator as of 0902/2011 to check the alteration of the dry line valve of the sprinkler system with monthly fire drill to ensure a visual/audible signal is present as indicated.

d. Maintenance Supervisor or designee will check the alteration of the dry line valve of the sprinkler system with the fire drill monthly for three months to ensure a visual/audible signal is present as indicated. These findings will be reviewed in the
| K038 | Continued From page 1  
Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: bedroom closets #1 in bedroom 603 and closet #2 in bedroom 603 require two motion of and to open. Also, janitor closet across from room 606 requires two motions of hand to open.  
42 CFR 483.70(a) |
| K029 | Safety Committee meeting monthly for three months and follow up as deemed necessary and to determine the frequency and/or need for continued monitoring. |
| K145 |  
**NFPA 101 LIFE SAFETY CODE STANDARD**  
The Type 1 EES is divided into the critical branch, life safety branch and the emergency system in accordance with NFPA 99. 3.4.2.2.2.  
This STANDARD is not met as evidenced by:  
Surveyor: 27871  
Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: generator failed to crank and transfer within 10 seconds on test.  
42 CFR 483.70(a) |
deemed necessary and to
determine the frequency
and/or need for continued
monitoring.

a. Two motion locks have
been removed from closet
#1 in resident room 503,
closet #2 in resident room
603, and the janitor closet
across from room 506 have
been changed to single
motion release handles as
of 08/08/2011 by facility
maintenance staff.
b. All other door handles
have been checked and will
be replaced with single
motion release handles by
facility maintenance staff
as indicated by 09/02/2011.
c. Maintenance staff will be
retrained regarding need
for single release handles
on doors throughout the
building by the
administrator as of
09/02/2011.
d. The Maintenance
Supervisor or designee will
check door handles weekly
for four weeks to ensure
they are properly working. Findings from these rounds will be monitored for completion via the Safety Committee monthly for one month and follow up as deemed necessary and to determine the frequency and/or need for continued monitoring.

K145
a. The generator has been serviced by Covington Spectrum as of 07/27/2011 and the time delay transfer to emergency has been adjusted.

b. The generator was inspected by Covington Spectrum as of 07/27/2011 with adjustments made accordingly.

c. Facility Maintenance staff will be retrained as of 09/02/2011 on requirements for emergency transfer of power for the generator.

d. Facility Maintenance Staff will check the generator weekly for four weeks to
ensure emergency transfer of power occurs within 10 sec of loss of power, then monthly thereafter. These findings will be reviewed in the Safety Committee meeting monthly for three months and follow up as deemed necessary and to determine the frequency and/or need for continued monitoring.